

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/13/2003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		1				
16		1				
17		2				
18		1				
19		1				
20	1					
21	1	1				
22	1	1				
23	1	1				
24	1	1				
25	1	1				
26	1	1				
27	1	1				
28	1					
29	1					
30		1				
31	1	1				
32	1	1				
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34	1	1				
35	1	1				
36	1	1				
37	1					
38		5				
39		5				
40		5				
41		5				
42		5				
43		5				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						